Case 20-21428-CMG Doc 84 Filed 04/18/22 Entered 04/18/22 14:04:51 Desc Main Document Page 1 of 7

Fill in this information to identify your case:							
Debtor 1	Todd Swillinger	Todd Swillinger					
	First Name	Middle Name	Last Name				
Debtor 2 Kathleen Y Fong-		Swillinger					
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY					
Case number (if known) 20-21428							
`							

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

info	as complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amender original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	230,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	23,616.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	253,616.00
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	212,086.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	10,148.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	13,514.00
	Your total liabilities	\$	235,748.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	7,732.36
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,838.73
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and s	ubmit this form to
Off	icial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information	r	page 1 of 2

Case 20-21428-CMG Doc 84 Filed 04/18/22 Entered 04/18/22 14:04:51 Desc Main Document Page 2 of 7

Debtor 1 Todd Swillinger

Debtor 2 Kathleen Y Fong-Swillinger Case number (if known) 20-21428

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

10,748.64

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	im
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	10,148.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	10,148.00

Fill in this information to identify your case	2:	
Debtor 1 Todd Swillinge	er	
Debtor 2 Kathleen Y Fo (Spouse, if filing)	ng-Swillinger	
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY	
Case number 20-21428		Check if this is:
(If known)		■ An amended filing □ A supplement showing postpetition chapter 13 income as of the following date:
Official Form 106I		MM / DD/ YYYY

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed □ Not employed	■ Employed □ Not employed
	Include part-time, seasonal, or self-employed work.	Occupation Employer's name	Healogics Wound Care	Gleicher Manufacturing Corp.
	Occupation may include student or homemaker, if it applies.	Employer's address		851 Jerusalem Road Scotch Plains, NJ 07076
		How long employed th	ere?	
Par	t 2: Give Details About Mor	thly Income		

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 6,400.38 5,159.27 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 5,159.27 6,400.38

Schedule I: Your Income Official Form 106I page 1

Deb Deb	tor 1 tor 2	Todd Swillinger Kathleen Y Fong-Swillinger	_		Case	number (if known)	_2	20-214	28	
						Debtor 1			ebtor 2 or ling spouse	
	Cop	by line 4 here	4.		\$_	5,159.27	_	\$	6,400.38	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$	291.14		\$	1,103.48	
	5b.	Mandatory contributions for retirement plans	5b		\$_	1,210.71	_	\$	1,684.13	
	5c.	Voluntary contributions for retirement plans	50		\$_	0.00	_	\$	0.00	
	5d.	Required repayments of retirement fund loans	50	d.	\$_	0.00	_	\$	0.00	
	5e.	Insurance	5e	€.	\$_	0.00	_	\$	0.00	
	5f.	Domestic support obligations	5f.		\$	0.00	_	\$	0.00	
	5g.	Union dues	50	g.	\$_	0.00	_	\$	0.00	
	5h.	Other deductions. Specify:	5h	1.+	\$_	0.00	+	\$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	1,501.85	_	\$	2,787.61	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	3,657.42	_	\$	3,612.77	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88		\$	0.00		\$	0.00	
	8b.	Interest and dividends	8b		\$ -	0.00	_	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			\$_ \$	0.00	_	\$	0.00	
	8d.	Unemployment compensation	80		\$	0.00	_	\$	0.00	
	8e.	Social Security	86		\$_	0.00	_	\$	0.00	
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: 2019 Tax Refund	8f.		\$_ \$_ \$_	0.00 0.00 462.17	-	\$\$ \$\$	0.00 0.00 0.00	
0	۸ ما م	· · · · · · · · · · · · · · · · · · ·			· —		- 1 []
9.	Auc	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	L	\$	462.17	} [\$	0.00	
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		4,119.59 + \$;	3,612	2.77 = \$	7,732.36
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.								,
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, you are friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	r depe			•			nedule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies								7,732.36
13.	Do :	you expect an increase or decrease within the year after you file this form No.	າ?						Combine monthly	
		Yes. Explain:								-

Fill	in this info	rmation to identify y	our case:					
Deb	tor 1	Todd Swilling	nger			Ch	eck if this is:	
							An amended filin	g
	tor 2	Kathleen Y	Fong-Sw	illinger				owing postpetition chapter
(Spo	ouse, if filing	1)					13 expenses as o	of the following date:
Unit	ed States B	ankruptcy Court for th	e: DISTR	ICT OF NEW JERSEY			MM / DD / YYYY	
	e numbe r nown)	20-21428						
└ Of	fficial	Form 106J						
		le J: Your	Exper	ises				12/1
Be info	as comple ormation.	ete and accurate a	s possible eeded, atta	. If two married people and the same in th				for supplying correct
Par		escribe Your Hous	ehold					
1.	_	joint case?						
		io to line 2. Does Debtor 2 live	in a cons	rato housohold?				
		No	iii a sepai	ate nousenoid:				
		Tyes. Debtor 2 mu	st file Offic	ial Form 106J-2, Expenses	s for Separate House	hold of De	ebtor 2.	
2.	Do you l	have dependents?	□ No					
	Do not lis Debtor 2	st Debtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not s	tate the						□ No
	depende	nts names.			Daughter		13	■ Yes
					Com		47	□ No
					Son			■ Yes
								□ No □ Yes
								_
								☐ Yes
3.	expense	expenses include es of people other and your depend	than	l No l Yes				_ =
exp	imate you	of a date after the	our bankr	uptcy filing date unless y				hapter 13 case to report of the form and fill in the
the		such assistance a		government assistance i cluded it on <i>Schedule I:</i> \			Your ex	penses
, •		··· · · · · · · · · · · · · · · · · ·				_		
4.		tal or home owner s and any rent for the		nses for your residence. I or lot.	nclude first mortgage	4.	\$	1,585.73
	If not inc	cluded in line 4:						
	4a. Re	eal estate taxes				4a.	\$	0.00
		operty, homeowner	s, or rente	r's insurance		4b.	·	0.00

4c. \$

4d. \$

5. \$

Home maintenance, repair, and upkeep expenses

Additional mortgage payments for your residence, such as home equity loans

Homeowner's association or condominium dues

100.00

360.00

0.00

Debtor		0	(:f.l.,)	20-21428
Debtor	2 Kathleen Y Fong-Swillinger	Case number	(II KIIOWII)	
6. Ut	ilities:			
6a	. Electricity, heat, natural gas	6a. \$		200.00
6b	. Water, sewer, garbage collection	6b. \$		125.00
60	. Telephone, cell phone, Internet, satellite, and cable services	6c. \$		400.00
6d	. Other. Specify:	6d. \$		0.00
7. F c	od and housekeeping supplies	7. \$		1,050.00
8. C l	nildcare and children's education costs	8. \$		0.00
9. CI	othing, laundry, and dry cleaning	9. \$		230.00
10. P e	ersonal care products and services	10. \$		165.00
11. M e	edical and dental expenses	11. \$		250.00
12. Tr	ansportation. Include gas, maintenance, bus or train fare.			
	o not include car payments.	12. \$		475.00
13. E r	tertainment, clubs, recreation, newspapers, magazines, and books	13. \$		250.00
14. C ł	naritable contributions and religious donations	14. \$		100.00
15. In :	surance.			
	not include insurance deducted from your pay or included in lines 4 or 20.			
	a. Life insurance	15a. \$		231.00
15	b. Health insurance	15b. \$		0.00
15	c. Vehicle insurance	15c. \$		317.00
	d. Other insurance. Specify:	15d. \$		0.00
	xes. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify:	16. \$		0.00
7. In :	stallment or lease payments:			
17	a. Car payments for Vehicle 1	17a. \$		0.00
17	b. Car payments for Vehicle 2	17b. \$		0.00
17	c. Other. Specify:	17c. \$		0.00
17	d. Other. Specify:	17d. \$		0.00
18. Y o	our payments of alimony, maintenance, and support that you did not report as	<u> </u>		2.22
	ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).			0.00
19. O 1	her payments you make to support others who do not live with you.	\$		0.00
	ecify:	19.		
	her real property expenses not included in lines 4 or 5 of this form or on School		Income.	
	a. Mortgages on other property	20a. \$		0.00
	b. Real estate taxes	20b. \$		0.00
	c. Property, homeowner's, or renter's insurance	20c. \$		0.00
	d. Maintenance, repair, and upkeep expenses	20d. \$		0.00
20	e. Homeowner's association or condominium dues	20e. \$		0.00
21. O t	her: Specify:	21. +9	\$	0.00
	lculate your monthly expenses			
	a. Add lines 4 through 21.		\$	5,838.73
22	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22	c. Add line 22a and 22b. The result is your monthly expenses.		\$	5,838.73
23. C a	Ilculate your monthly net income.			
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$		7,732.36
	b. Copy your monthly expenses from line 22c above.	23b\$	-	5,838.73
23	 Subtract your monthly expenses from your monthly income. The result is your monthly net income. 	23c. \$		1,893.63
Fo mo	b you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect you iddification to the terms of your mortgage? No.			ease or decrease because of a
	Yes Explain here:			

Fill in this information to identify your case:							
Debtor 1	Todd Swillinger						
	First Name	Middle Name	Last Name				
Debtor 2	Kathleen Y Fong-	Swillinger					
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY					
Case number (if known) 20-21428							
(ii kilowii)							

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Did	you pay or agree to pay someone who is NOT	an attorney to help	you fill out bankruptcy forms?
	No		
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
that	er penalty of perjury, I declare that I have read they are true and correct. /s/ Todd Swillinger Todd Swillinger	·	/s/ Kathleen Y Fong-Swillinger Kathleen Y Fong-Swillinger
	Signature of Debtor 1		Signature of Debtor 2
	Date April 18, 2022		Date April 18, 2022